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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/800,031-Conf. #6868
	Filing Date	March 15, 2004
	First Named Inventor	Tara Lynn Bielski
	Art Unit	1615
	Examiner Name	T. J. Mahyera
	Attorney Docket Number	21196/0212443-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

OR

☐ Firm or  
individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Signature

*Kristin Kolesar*

Name

*Kristin Kolesar, Secretary, Mylan Pharmaceuticals Inc.*

Date

*8/11/09*

Telephone

*724-514-1800*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐
\*Total of 1 forms are submitted.